

TO BE SUBMITTED IN DUPLICATE TO THE
UNEMPLOYMENT COMPENSATION COMMISSION, TRENTON, NEW JERSEY
THE FILING OF THIS APPLICATION CONFERS NO EXEMPTION UNTIL IT IS APPROVED,
IN WRITING, BY THE UNEMPLOYMENT COMPENSATION COMMISSION.

UNEMPLOYMENT COMPENSATION

REGISTRATION NUMBER 15899

EMPLOYER'S NAME AND ADDRESS:

Brooklyn Eagles Baseball Club, Inc.
101 Montgomery Street
Newark, New Jersey

FORM NO. U.C. 25

STATE OF NEW JERSEY

UNEMPLOYMENT COMPENSATION COMMISSION

APPLICATION FOR TEMPORARY EXEMPTION
FROM FILING REPORTS

THE ABOVE-NAMED EMPLOYER HEREBY MAKES APPLICATION TO THE UNEMPLOYMENT COMPENSATION COMMISSION OF NEW JERSEY FOR EXEMPTION FROM FILING ALL REPORTS REQUIRED UNDER THE UNEMPLOYMENT COMPENSATION LAW OF NEW JERSEY OR REGULATIONS MADE IN PURSUANCE THEREOF, FOR THE PERIOD FROM Sept 30, 1940 TO March 31, 1941.

THE EMPLOYER CERTIFIES THAT NO WAGES OR OTHER REMUNERATION FOR EMPLOYMENT, AS DEFINED IN THE UNEMPLOYMENT COMPENSATION LAW OF NEW JERSEY, WILL BE PAYABLE BY THE EMPLOYER DURING SAID PERIOD, FOR THE REASON THAT (STATE REASON IN FULL):

Baseball season closed

IN CONSIDERATION OF THE APPROVAL OF THIS APPLICATION, WHICH APPROVAL IT IS UNDERSTOOD MAY BE REVOKED AT ANY TIME BY LETTER MAILED TO THE EMPLOYER AT THE ABOVE ADDRESS, THE EMPLOYER AGREES, IF ANY WAGES OR OTHER REMUNERATION BECOMES PAYABLE BY THE EMPLOYER FOR SUCH EMPLOYMENT DURING THE ABOVE-MENTIONED PERIOD, OR IF ANY SPECIAL REMUNERATION IS PAID DURING SUCH PERIOD FOR SERVICES RENDERED IN EARLIER PERIODS AND NOT REPORTED ON AN ACCRUAL BASIS IN EARLIER REPORTS, TO NOTIFY THE COMMISSION IMMEDIATELY AND TO FILE ALL REPORTS REQUIRED UNDER THE SAID LAW OR REGULATIONS FOR ANY REPORTING PERIOD IN WHICH WAGES OR OTHER REMUNERATION SHALL BECOME PAYABLE OR BE PAID AS AFORESAID.

SIGNED

Elfa Mauley
Secy

DATE

October 10, 40

TITLE

THE FOLLOWING AFFIDAVIT MUST BE EXECUTED BY (1) THE PERSON WHO OWNS THE BUSINESS IF THE OWNER IS AN INDIVIDUAL; (2) THE PRESIDENT, TREASURER, OR OTHER PRINCIPAL OFFICER IF THE EMPLOYING UNIT IS A CORPORATION; OR (3) A RESPONSIBLE OR DULY AUTHORIZED MEMBER HAVING KNOWLEDGE OF THE AFFAIRS, IF THE EMPLOYING UNIT IS A PARTNERSHIP OR OTHER UNINCORPORATED ORGANIZATION.
STATE OF NEW JERSEY)
COUNTY OF) ss.

I SWEAR (OR AFFIRM) THAT I HAVE READ AND CLEARLY UNDERSTAND ALL OF THE STATEMENTS CONTAINED IN THE FOREGOING APPLICATION, AND THAT THEY ARE TRUE AND CORRECT IN EVERY RESPECT.

SUBSCRIBED AND SWORN BEFORE ME THIS

10th

SIGNED

Elfa Mauley
Secy

DAY OF

October

1940.

TITLE

SIGNATURE OF OFFICER ADMINISTERING OATH

TITLE OF OFFICER ADMINISTERING OATH

DO NOT WRITE IN THIS SPACE

EFFECTIVE AS OF

9/30/40

UNEMPLOYMENT COMPENSATION COMMISSION OF N.J.

BY

Harold Hoffman
per Skiff

EXECUTIVE DIRECTOR

DATE

10/15/40